

AFFIDAVIT

I, Wuwen Guo, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed documents and carefully compared the translations from Chinese into English with regard to the following documents:

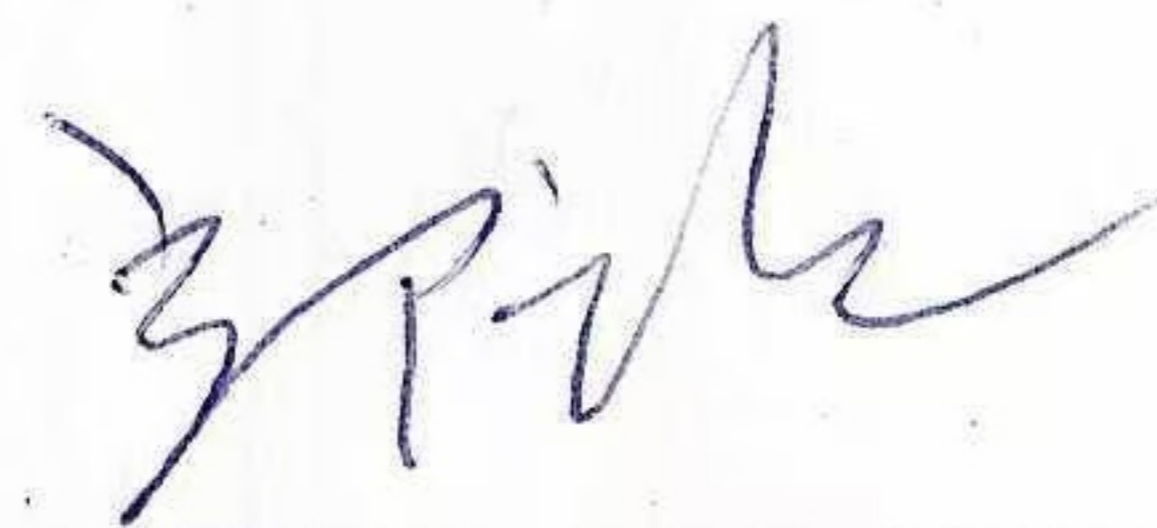
Medical Certificate (Inference) of Resident Death,
Discharge Record, Medical Diagnosis Certificate,
Imaging Diagnostic Report

3. The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This 10th day of Jan., 2025

A Notary Public in and for the
Province of Ontario



Wuwen Guo

Tel: 416-593-8888

Medical Certificate (Inference) of Resident Death

District planning code:

No.:

The second copy: Retained by public security sector

Name of deceased		Gender		Nation	Han	Nationality and region	China	Age	
Identity document type	Resident Identity card	ID number		Permanent address					
Date of Birth		Date of death		Place of death					
Causes of death:	Brain Herniation			Names of family members			Contact No.:		
Families address or work unit:				Signature			Signature of police		

Note: 1. Family members of the deceased hold this certificate to the public security authority for the cancellation of household registration; 2. The certificate is valid with the signature of doctors and police, the seals of medical and health institutions and police station.

Medical Certificate (Inference) of Resident Death

District planning code:

No.:

The third copy: kept by the family of the deceased

Name of deceased		Gender		Nation	Han	Nationality and region	China	Age	
Identity document type	Resident Identity card	ID number		Permanent address					
Date of Birth		Date of death		Place of death					
Causes of death:	Brain Herniation			Names of family members			Contact No.:	1	
Families address or work unit:							Signature of police		

Note: 1.The family members of the deceased held the copy of certificate to the public security to affix the seal; 2. The certificate is valid with the signature of doctors and police, the seals of medical and health institutions and police station; 3. The cause of death outside the medical facility is postmortem inference.



General Hospital of Ningxia Medical University

Medical Diagnosis Certificate

Name: [REDACTED] Department: Rehabilitation Registration No.: [REDACTED] Medical Record [REDACTED]
Medicine [REDACTED]

Name: [REDACTED] Gender: [REDACTED] Age: [REDACTED] Occupation: Unemployed

Workplace: None

Home Address: [REDACTED]

Summary of Findings: Patient was admitted with the primary complaint of "right-sided limb weakness post brain hemorrhage surgery for over 2 months." Brain CT showed: 1. Post-surgical changes, no significant changes compared to previous images. 2. Bilateral mastoiditis.

Diagnosis: 1. Cerebral hemorrhage recovery phase; 2. Aspiration pneumonia (lower lobes of both lungs); 3. Coronary artery disease; 4. Chronic pulmonary tuberculosis; 5. Hypertension grade 3 (very high risk)

Recommendations: for certification only.

(The hospital's recommendations are for the patient's reference only. This certificate does not serve as a transfer document.)

Physician's Signature: [REDACTED]

Date: [REDACTED]

Seal: [REDACTED]



居民死亡医学证明（推断）书

行政区划代码

编号:

第二联 公安机关保存

死者姓名		性别		民族	汉族	国家或地区	中国	年龄	
身份证件类别	居民身份证	证件号码			常住地址				
出生日期		死亡日期			死亡地点				
死亡原因	 (1)			家属姓名			联系电话		
家属住址或单位				医师签名			民警签名		
医疗卫生机构盖章				派出所意见(盖章)					
年 月 日				年 月 日					

注: ①死者家属持此联到公安机关办理户籍注销手续; ②无医师及民警签字、医疗卫生机构及派出所盖章无效。

居民死亡医学证明（推断）书

行政区划代码

编号:

第三联 死者家属保存

死者姓名		性别		民族	汉族	国家或地区		年龄	
身份证件类别	居民身份证	证件号码			常住地址				
出生日期		死亡日期			死亡地点				
死亡原因	 (1)			家属姓名			联系电话		
家属住址或单位				医师签名			民警签名		
医疗卫生机构盖章				年 月 日					
年 月 日				年 月 日					

注: ①死者家属持此联到公安机关签章; ②无医师及民警签字、医疗卫生机构及派出所盖章无效; ③死于救治机构以外的死亡原因

疾病诊断证明

姓名: 科室: 康复医学科 登记号: 病案号:

姓名: 性别: 年龄: 职业: 无业人员

工作单位: 无

家庭住址:

检查所见摘要: 患者主因“脑内血肿清除术后右侧肢体活动不利2月余”入院。颅脑CT轴位平扫示: 1、颅脑术后改变, 与前片对比变化不明显。2、双侧乳突炎。

诊断: 1、脑出血恢复期, 2、坠积性肺炎(双肺下叶), 3、冠状动脉性心脏病, 4、陈旧性肺结核, 5、高血压病3级(极高危)

建议事项: 仅做证明。

(医院有关建议仅供患者单位参考, 此单不做转院证明)

